Online Health, PE1, PE2

*ALL LISTED TOPICS WILL HAVE STUDENT WORK EXAMPLES THAT CANNOT BE INCLUDED IN THIS DOCUMENT

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I started teaching in 1992

Olentangy Local Schools 1996-present

I've been teaching online courses for 15+ years via firstclass and schoology

Why online? In person is best but online is a good option.

Q&A anytime throughout the presentation! The goal is to help you with your online teaching at wherever comfort level you are currently experiencing:)

Online course Housekeeping

Contract

All about me video

Organization

Regular due dates

Weekly grade reports

One platform for submissions

Late work policy

Communication

Physical Education

ACTIVITY LOGS

Discuss various parts of the log and their significance.

FITNESS TSTING

Pre test

Goal setting

Mid point check

Targeted assignments

Post test

Rubric for grading

How to use fitness testing for <u>HQSD</u> on evaluations

HEALTH

Discussion posts

Edpuzzles

Video creation

Apps

CPR

Al HELP
magicschool
driffit
Ideagram
*IEP/504/ELL/opt out

Q&A

THANK YOU:)

X O Z	Date (When?)	Activity(what did I do?)	Time in activity and activity type (how long did I do this? Fitness:	Location of activity (where?)	How did you feel before the activity? How did you feel after?
T U E S	Date none	Activity	Time in activity Fitness: Sport::	Location of activity	How did you feel before the activity? How did you feel after?
S E D S	Date	Activity	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after?
T H U R S	Date	Activity:	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after?
F R I	Date	Activity	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after?
S A T	Date	Activity:	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after?

S U Z	Date	Activity:	Time in activity Fitness: Sport:	Location of activity:	How did you feel before the activity? How did you feel after?
S W M A RY	Supervisor(Who knows I did this week's activity?) Name: Phone or email:	Place total hours, in each category, for this week,	WEEKLY TOTALS Fitness: Sport:		Overall, how did your workouts make you feel this week?
		Place <u>SEMESTER</u> total hours, in each category,	SEMESTER TOTALS Fitness: Sport:		

M O N	Date (When?)	Activity(what did I do?)	Time in activity and activity type (how long did I do this? Fitness:	Location of activity (where?)	How did you feel before the activity? How did you feel after? Who did you workout with?
T U E S	Date	Activity	Time in activity Fitness: Sport::	Location of activity	How did you feel before the activity? How did you feel after? Who did you workout with?
W E D S	Date	Activity	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after? Who did you workout with?
T H U R S	Date	Activity:	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after? Who did you workout with?
F R I	Date	Activity	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after? Who did you workout with?

5 A	Date	Activity:	Time in activity Fitness: Sport:	Location of activity	How did you feel before the activity? How did you feel after? Who did you workout
S U N	Date	Activity:	Time in activity Fitness: Sport:	Location of activity:	with? How did you feel before the activity? How did you feel after? Who did you workout with?
	Supervisor(Who knows I did this week's activity?) Name: Phone or email:	Place total hours, in each category, for this week and semester totals	WEEKLY TOTALS Fitness: Sport: SEMESTER TOTALS Fitness: Sport:	Workouts with others and alone over here	Number of workouts completed with others: Number of workouts completed alone: